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ALABAMA JUDICIAL DATA CENTER
MONTGOMERY COUNTY

SUMMONS

DV 2006 001424.00
MARGARET L. GIVHANIN THE DISTRICT COURT OF MONTGOMERY COUNTY
EUGENE EVANS VS BLUECROSS/BLUESHIELD OF AL

SERVE ON: (D001)

SSN: 000-00-0000

BLUE CROSS/BLUE SHIELD - AL
450 RIVERCHASE PKWY EAST

BIRMINGHAM, AL 35298-0001

PLAINTIFF'S ATTORNEY

*** PRO SE ***

TO THE ABOVE NAMED DEFENDANT:

THE COMPLAINT WHICH IS ATTACHED TO THIS SUMMONS IS IMPORTANT AND YOU MUST TAKE IMMEDIATE ACTION TO PROTECT YOUR RIGHTS, YOU OR YOUR ATTORNEY ARE REQUIRED TO MAIL OR HAND DELIVER A COPY OF A WRITTEN ANSWER, EITHER ADMITTING OR DENYING EACH ALLEGATION IN THE COMPLAINT TO THE PLAINTIFFS ATTORNEY(S) SHOWN ABOVE OR ATTACHED:

THIS ANSWER MUST BE MAILED OR DELIVERED WITHIN 14 DAYS AFTER THIS SUMMONS AND COMPLAINT WERE DELIVERED TO YOU OR A JUDGEMENT BY DEFAULT MAY BE ENTERED AGAINST YOU FOR THE MONEY OR OTHER THINGS DEMANDED IN THE COMPLAINT. YOU MUST ALSO FILE THE ORIGINAL OF YOUR ANSWER WITH THE CLERK OF THIS COURT.

- () TO ANY SHERIFF OR ANY PERSON AUTHORIZED BY EITHER RULES 4.1(B)(2) OR 4.2(B)(2) OR 4.4(B)(2) OF THE ALABAMA RULES OF CIVIL PROCEDURE: YOU ARE HEREBY COMMANDED TO SERVE THIS SUMMONS AND A COPY OF THE COMPLAINT IN THIS ACTION UPON DEFENDANT.
- () THIS SERVICE BY CERTIFIED MAIL OF THIS SUMMONS IS INITIATED UPON THE WRITTEN REQUEST OF OF THE ALABAMA RULES OF CIVIL PROCEDURE. PURSUANT TO RULE 4.1(C)

DATE: 06/08/2006

CLERK: MELISSA RITTENOUR
251 SOUTH LAWRENCE ST.
MONTGOMERY AL 36102-1667
(334) 832-1343

RETURN ON SERVICE:

- () CERTIFIED MAIL RETURN RECEIPT IN THIS OFFICE ON (DATE) _____
(RETURN RECEIPT HERETO ATTACHED)
- () I CERTIFY THAT I PERSONALLY DELIVERED A COPY OF THE SUMMONS AND COMPLAINT TO _____
IN _____ COUNTY, ALABAMA ON (DATE) _____

DATE _____

SERVER SIGNATURE _____

SERVER ADDRESS _____

TYPE OF PROCESS SERVER _____

PERATOR: HEE
REPAIRED: 06/08/2006

State of Alabama Unified Judicial System Form C-88 (front) Rev. 6/96	STATEMENT OF CLAIM (Complaint) District Civil (Except Small Claims and Detinue Actions)	Case Number DV 06 1424
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IN THE DISTRICT COURT OF MONTGOMERY, ALABAMA
 (Name of County)

EUGENE EVANS Plaintiff BLUECROSS/BLUE SHIELD - AL Defendant
8080 WYNLAKE BLVD 450 Riverchase Parkway EAST
 Home or Business Address: MDTH AL 36117 Home or Business Address: Birmingham, AL 35298-0001
 Home or Business Telephone Number: (334) 322-2522 Home or Business Telephone Number: 1-800-292-8868
 Name of Attorney: N/A Additional Defendant: _____
 Business Address: _____
 Business Telephone Number: _____
 Date of Filing: 04 MAY 2006

COMPLAINT

1. The plaintiff claims the defendant owes the plaintiff the sum of \$ 10,000.00 because: Defendant improperly failed to approve my inpatient admission to Euclid Health Services Facility in Warrior, Alabama on April 18, 2006. Defendant also refused to pay for a pre-admission physical exam and medical testing.
 (make a short and plain statement of the claim showing that the plaintiff is entitled to relief.)

2. The plaintiff also claims from the defendant court costs in the sum of \$ 202.99 plus \$ _____ for interest and \$ _____ for attorney's fees.

By: Melissa Britton
 Clerk

Clerk's Address: _____

Telephone Number: _____

Eugene Evans
 Plaintiff or Plaintiff's Attorney (Signature)
 Attorney Code: 3 09
 Plaintiff's or Plaintiff's Attorney's Phone Number

SUMMONS

To any sheriff or any person authorized by either Rules 4.1 (b) (2) of the Alabama Rules of Civil Procedure to perfect service:
 You are hereby commanded to serve this summons and complaint upon the above-named defendant.

NOTICE TO DEFENDANT

THE COMPLAINT SET OUT ABOVE IS IMPORTANT, AND YOU MUST TAKE IMMEDIATE ACTION TO PROTECT YOUR RIGHTS. YOU ARE REQUIRED TO MAIL OR HAND DELIVER A COPY OF A WRITTEN ANSWER, EITHER ADMITTING OR DENYING EACH ALLEGATION IN THE COMPLAINT, TO THE PLAINTIFF (OR THE ATTORNEY FOR THE PLAINTIFF), AT THE ADDRESS NOTED ABOVE.

THIS ANSWER MUST BE MAILED OR HAND DELIVERED TO THE CLERK OF COURT AT THE ADDRESS BELOW WITHIN FOURTEEN (14) DAYS AFTER THIS SUMMONS AND COMPLAINT WERE DELIVERED TO YOU, OR A JUDGMENT BY DEFAULT MAY BE ENTERED AGAINST YOU FOR THE MONEY OR OTHER THINGS DEMANDED IN THE COMPLAINT. (YOU MUST FILE THE ORIGINAL ANSWER WITH THE CLERK OF THIS COURT).

Dated: _____

Melissa Britton
 Clerk of Court
 Address of Clerk of Court

Form C-88 (back)

Rev. 6/96

STATEMENT OF CLAIM (Complaint)
District Civil (Except Small Claims and Detinue Actions)**RETURN ON SERVICE**

- ☐ Return receipt of certified mail received in this office on _____ (date).
☐ I certify that I personally delivered a copy of this Statement of Claim (Complaint) at _____ on _____ and on _____ at _____, I served it on the above-named defendant by delivering a copy of the complaint.

Dated _____, 19 _____

Sheriff/Deputy Sheriff/Process Server